



# Victim Compensation Program Materials Request Form

Send completed forms to: Victim Compensation and Government Claims Board  
PO Box 1348, Sacramento, CA 95812-1348  
Or fax to: 916-327-3897 Attn: RRAD

ORGANIZATION NAME		DATE
MAILING ADDRESS	REQUESTED BY	
CITY	STATE	ZIP
TELEPHONE NUMBER (INCLUDE AREA CODE)	FAX NUMBER (INCLUDE AREA CODE)	

TITLE	QUANTITY					
RESTITUTION INFORMATION	1 - 5	25	50	100	300	500*
RESTITUTION FOR VICTIMS BROCHURE						
RESTITUTION RESPONSIBILITIES FOR OFFENDERS BROCHURE						
QUICK REFERENCE SHEET (JUVENILE RESTITUTION FINES/ORDERS)						
QUICK REFERENCE SHEET (ADULT RESTITUTION FINES/ORDERS)						
CALIFORNIA JUDGES BENCH GUIDE (# 83 REV. 2005)						
RESTITUTION ISSUE MATRIX						
RESTITUTION TOOL KIT CD (UNIVERSAL RESTITUTION SAMPLE MOTIONS, POINTS AND AUTHORITIES, ETC.)						


OTHER	
VC G C B ANNUAL REPORT (SPECIFY YEAR OR CURRENT)	

\* ANY REQUESTS OVER 500, PLEASE CALL 324-0875 OR EMAIL [ngonzale@vcgcb.ca.gov](mailto:ngonzale@vcgcb.ca.gov)